# APPLICATION FOR A LICENSE TO OPERATE AN ASSISTED LIVING FACILITY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 452 (Rev. 11-2017)

Clear Fields

| Department Use Only |
|---|
| License Number |
| Licensure Period |

**INSTRUCTIONS:** Type or print clearly. Enclose a check or money order for $75 and other information as requested and submit to: ND Department of Human Services, 600 E Boulevard Ave. Dept 325, Bismarck, ND 58505-0250 Telephone 701-328-2321. Keep a copy for your records.

## ASSISTED LIVING FACILITY INFORMATION

| Name of Assisted Living Facility (ALF) | | | |
|---|---|---|---|
| ALF Street Address | City | State | ZIP Code |
| ALF Mailing Address | City | State | ZIP Code |
| Contact Person | Title | Telephone Number | |
| Email Address | Contact Person's Mailing Address (if different than facility address) | | |

| Type of Application ☐ Initial ☐ Renewal | Number of Living Units | Does your ALF specialize in dementia/alzheimer's? ☐ Yes ☐ No |
|---|---|---|
| Has ownership of this ALF changed in the last twelve months? ☐ Yes ☐ No | Has the legal entity responsible for the operation of this ALF changed in the last twelve months? ☐ Yes ☐ No | Is the ALF under a management agreement? ☐ Yes ☐ No |

## LEGAL OPERATOR OF THE ASSISTED LIVING FACILITY

| Exact Name of Legal Entity Responsible for Operations | | | Taxpayer Identification Number |
|---|---|---|---|
| Mailing Address | City | State | ZIP Code |

## LEGAL OWNER OF THE ASSISTED LIVING FACILITY

| Exact Name of Owner of Premises | | | |
|---|---|---|---|
| Mailing Address | City | State | ZIP Code |

## SERVICES AVAILABLE

**Services Available to Tenants at the Facility (either provided directly or coordinated through other entities)**

| | | | |
|---|---|---|---|
| ☐ Bathing | ☐ Eating | ☐ Housekeeping | ☐ Other _____ |
| ☐ Dressing | ☐ Medication Management | ☐ Transportation | ☐ Other _____ |
| ☐ Toileting | ☐ Personal Hygiene | ☐ Laundry | ☐ Other _____ |
| ☐ Transferring | ☐ Meal Preparation | ☐ Other _____ | ☐ Other _____ |

**How are services provided to the tenants at the facility?**

☐ Directly by Operating Entity ☐ Coordinated Through Other Entity (s) ☐ Other (please specify) _____

*(Continued next page...)*

## SIGNATURES AND AFFIDAVIT

**Note:** The person signing the application must be 18 years of age or older. The application must be signed by the official(s) of the entity responsible for the operation of the assisted living facility. (If a sole proprietorship, the owner shall sign the application; if a corporation, two of its officers shall sign; if a state, county, or municipal unit, the application is to be signed by the head of the department having jurisdiction over the assisted living facility).

The undersigned hereby makes application for a license to operate an assisted living facility subject to the provisions of North Dakota Century Code - Chapter 50-32 and 23-09, and North Dakota Administrative Code - Chapter 75-03-34 as well as any other applicable federal, state and local laws and regulations. The undersigned declares that they have examined this application and all attachments and that to the best of their knowledge and belief, this information is true, correct and complete. The undersigned will notify the Department of Human Services in writing of any changes in this information within thirty (30) days of any such change.

The undersigned certifies that operation of its facility is in compliance with all applicable federal, state, and local laws and, upon request, make available to the department copies of current certifications, licenses, permits and other similar documents evidencing compliance with such laws.

## SIGNATURE

| Name (Print) | | Name (Print) | |
|---|---|---|---|
| Name | Date | Name | Date |
| Title | | Title | |

## APPLICATION CHECKLIST

**Note:** The application fee will not be refunded if the application is denied because the required information is not submitted or the application is incomplete. The department shall approve or deny an application for a license within thirty days of the departments receipt of complete application materials. The following items must be provided before the application will be processed.

- ☐ Signed application
- ☐ Check or money order for the $75 annual license fee (Made payable to the Department of Human Services)
- ☐ Copy of written agreement with tenant. **Agreement must include separate rates for rent and separate rates for services provided to the tenant as well as payment terms, refund policies, rate changes, tenancy criteria, and living unit inspections.**
- ☐ Copy of written notice provided to tenants that explains how a tenant may report a complaint regarding the assisted living facility. **The notice must include the telephone number of the department's senior info-line and the address of the Aging Services Division of the department.** The telephone numbers for the senior info-line are 1-855-462-5465 and 1-701-328-4601. The address of the State Long Term Care Ombudsman is: State Long Term Care Ombudsman, 1237 W Divide Ave Ste 6, Bismarck, ND 58501. Phone: 701-328-4617. Fax: 701-328-0389. Email: dhsagingombud@nd.gov.
- ☐ Copy of the Brochure used to Promote or Advertise the Facility (If Available)
- ☐ Copy of Resident Handbook (If Available)
- ☐ Enter Provider Number if enrolled as a Qualified Service Provider (QSP) — QSP Provider Number
- ☐ Return application to the following address: ND Department of Human Services, Medical Services Division, 600 E Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250